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CONFIRMATION NO. 5024

Bib Data Sheet

SERIAL NUMBER 10/772,397	FILING DATE 02/06/2004 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 54644-037
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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 09/989,206 11/21/2001 PAT 6,706,016

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/06/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MT	DRAWING 11	CLAIMS 12	CLAIMS 4
Verified and Acknowledged	Examiner's Signature 	Initials			

ADDRESS

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TITLE

Nerve stimulator output control needle with depth determination capability and method of use

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
RECEIVED 856		